

FORM NO. 5. MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

WER

N. B. McCaw, of Columbia.

McCaw.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

(1) PLACE OF BIRTH
 County of Abbeville
 Township of Abbeville
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 00 Registered No. 14
CRAWFORD

(2) Full Name of Child Myra Crawford If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH March 31 1915
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Tava Cummings
 (9) PRESENT POSTOFFICE OF FATHER Abbeville S
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE Abbeville S
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Myra Crawford
 (15) PRESENT POSTOFFICE OF MOTHER Abbeville S
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 17 (Years)
 (18) BIRTHPLACE Abbeville S
 (19) OCCUPATION dom. hand
 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at M.,
 on the date above stated. (Boy or girl or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. H. Hester
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Abbeville S

Given name added from a supplemental report 191....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) E. H. Hester
 (27) Filed March 31 1915 (28) E. H. Hester Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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